

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

Division

FILED

JUL - 2 2021

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
YOUNGSTOWN

Kevin P. O'Connor

Case No.

4:21CV01287

(to be filled in by the Clerk's Office)

JUDGE LIOI

Jury Trial: (check one) ☒ Yes ☐ No

MAG. JUDGE BURKE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

The United States

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Kevin P. O'Connor
Street Address	619 Northlawn Drive
City and County	Youngstown Trumbull
State and Zip Code	OH 44505
Telephone Number	330-881-1757
E-mail Address	kocafp1066@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name The United States

Job or Title *(if known)*

Street Address 10701 E Blvd

City and County Cleveland OH

State and Zip Code OH 44106

Telephone Number Phone 216-791-3800

E-mail Address *(if known)*

Defendant No. 2

Name Dr Aiello VA Outpatient Clinic

Job or Title *(if known)* M.D.

Street Address 2031 Belmont Ave,

City and County Youngstown Mahoning

State and Zip Code OH 44505

Telephone Number Phone 330-740-9200

E-mail Address *(if known)*

Defendant No. 3

Name Dr Angelo

Job or Title *(if known)* Doctor Medical Director

Street Address 2031 Belmont Ave,

City and County Youngstown Mahoning

State and Zip Code OH 44505

Telephone Number Phone 330-740-9200 – 0 (operator)

E-mail Address *(if known)*

Defendant No. 4

Name Dr. Gandhi

Job or Title *(if known)* Doctor

Street Address 10701 E Blvd

City and County Cleveland

State and Zip Code OH 44106

Telephone Number Phone 330-740-9200 – 0 (operator)

E-mail Address *(if known)*

Please See additional Attached.

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

28 U.S.C

Title 18, U.S.C.

51 U.S.C

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the
State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated
under the laws of the State of *(name)* _____,
and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of
the State of *(name)* _____. Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

\$15,000,0000

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I am filing a Claim against the Veterans Administration for violation of my Medical, and Psychiatric Privacy, and for Retaliation and Discrimination by Staff at VA Hospital Wade Park, Cleveland, and the VA Outpatient Clinic Youngstown Ohio, and its Staff to include Physicians. The VA doctors have denied me essential health care, plus not providing safe and appropriate care for over a decade now. I feel this is as I'm Bipolar, and it is retaliation by VA Doctors for objecting to their medical errors, and causing the resignation of the Chief of Surgery. I am also filing a Claim for Slander and Libel by Dr Angelo and whomever, if anyone, instructed him or approved the Staff

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Refusal of Community Health Providers to continue seeing me or avoiding any future care.
Unpaid Medical ER and Ambulance Bills that were denied by VA. This caused destruction of our Credit and Creditors calling
Medical and Psychiatric Care Malpractice done deliberately and has made my continuing getting care by VA counter productive , and unsafe to my health and potentially my life.
I ask the Court to provide funds so I can correct VA's - as much as possible- Actions

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

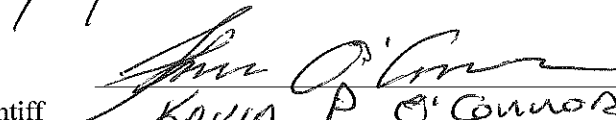
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 6/30/2021

Signature of Plaintiff

Printed Name of Plaintiff


Kevin P. O'Connor

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

pg 1

Kevin Peter O'Connor vs Veterans Administration (Witnesses continued)

Dr. David A. Hoffman
1220 Belmont Ave, Youngstown, OH 44504
Phone (330) 743-6344

Dr. Darrell Grace
1044 Belmont Ave, Youngstown, OH, 44504
Phone (330) 746-7211

Supervisor/Manager of Non VA Bill Payment Office (Non VA Care Emergency)
Wade park Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

Supervisor/Manager of Computer Department
Wade Park Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

Nurse Nancy Czarnecki (Retired from VA Youngstown Mental Health Department)
5607 1/2 Madrid Dr
Youngstown OH 44515-4137
Phone number is unknown/unpublished

Nurse Practitioner (NP) Redovian
GI Department
Wade Park Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

Dr Marciano, Mental Health Clinic
VA Outpatient Clinic
2031 Belmont Ave, Youngstown OH 44505
Phone 330-740-9200 - 0 (operator)

Both Cardiology Surgeons
Cardiology Department
Wade Park Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

Dr. ORASANU, GABRIELA
CARDIOLOGY OUTPATIENT CLINIC
Wade Park VA Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

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Kevin Peter O'Connor vs Veterans Administration (Witnesses continued)

Dr. Foreman
Mental Health Department
VA Outpatient Clinic
2031 Belmont Ave, Youngstown OH 44505
Phone 330-740-9200 – 0 (operator)

Dr. Van Epp
Infectious Disease ✓
Wade Park VA Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

Dr. Gandhi
Pain Clinic
Wade Park VA Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

Nurse K. Warrick VA OPC
2031 Belmont Ave, ✓
Youngstown OH 44505
Phone 330-740-9200 – 0 (operator)

Mr Dixon
Patient Representative ✓
Wade Park VA Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

Dr Singh (Lady Physician at Youngstown VA Outpatient Clinic))
2031 Belmont Ave, ✓
Youngstown OH 44505
Phone 330-740-9200 - 0 (operator)

Dr Brian C Molik,
Chief of Staff ✓
Wade Park VA Hospital
10701 E Blvd Cleveland OH 44106
Phone 216-791-3800 - 0 (operator)

The Honorable Robert Wilkie ✓
Secretary of the Veterans Administration
810 Vermont Ave NW, Washington, DC 20420

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pg 4

Mr Phillip Washington
VA Outpatient Clinic
2031 Belmont Ave,
Youngstown OH 44505
Phone 330-740-9200 - 0 (operator)

Mr George-
Lori VA OPC refused to let me know the Surname of Georges; she told me to put
" George Scheduling Department"
VA Outpatient Clinic
2031 Belmont Ave,
Youngstown OH 44505
Phone 330-740-9200 - 0 (operator)

Ms Lori-
VA Outpatient Clinic
2031 Belmont Ave,
Youngstown OH 44505
Phone 330-740-9200 - 0 (operator)

Ms Lori surname refused disclosure.
She works at VA OPC Youngstown as an Phone Operator.

Signed


Kevin Peter O'Connor

Date 06/30/2021

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